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ABSTRACT

This action kit was created in response to a rise in heroin use. Facts are provided about the scope of heroin use since it is the one illegal drug that is growing in popularity in some areas among young people. A brief explanation of some treatment options is provided including detoxification, methadone treatment, other medications, and behavioral therapies. Local leaders from New York, Alabama, and Arizona describe what their communities are doing about heroin use. Facts are provided to help mental health professionals take a leadership role to make the case for expanding services if treatment options are not available in a community. Information is also provided on how to form a community epidemiology working group to gather statistics on substance abuse among community members. Once facts are gathered about heroin, other drugs, and alcohol problems locally, action can be taken to create policies, develop programs, and educate policymakers and the public. The information can also be used to plot changes over time to monitor successes or failures of efforts. Several resources and Web sites are listed for additional information. (JDM)

ED 455 485

1999 MONTHLY ACTION KIT

HEROIN USE:

What Communities Should Know

June, 1999

JOIN TOGETHER

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HEROIN USE:
WHAT COMMUNITIES SHOULD KNOW

Join Together creates its Action Kits to encourage a broad array of groups and individuals to *take action* on timely issues affecting their communities. We provide useful tools, including facts that set the scope of a problem and practical steps that you can take to address local needs. Our goal is to help you and your colleagues to *do something* to make a difference. We also remind you that taking *leadership* on these issues, using *local data* to assess – and respond – to local problems, and building *linkages* with other groups who can help support your efforts are important factors of success. We encourage you *to use* the information presented here to supplement your local strategy to reduce substance abuse.

This Action Kit, "Heroin Use: What Communities Should Know," was created in response to a rise in heroin use in some communities. While the use of most illegal drugs has been leveling off and declining in the past twenty years, the number of new heroin users is growing in some cities and towns, especially among young people. In fact, the 1997 Household Survey on Drug Abuse found that the number of new heroin users and the rate of initiation for youth were at their highest level in 30 years.

Contributing to the increases in use may be the fact that the drug costs less than ever before – as little as $5 a bag -- and is being sold in stronger potencies. This means that users don't have to inject to get high anymore, but can inhale or smoke it. But often, users find that snorting is not enough to maintain their high. Many then begin injecting the drug, putting themselves at risk for HIV/AIDS, hepatitis and other health problems caused from needles and injection paraphernalia. Heroin users also put themselves at risk for overdose and death every time they use the drug, since many don't know its strength or its true contents.

All of this is cause for concern. As part of your community planning and strategy, you should determine if there is a heroin problem in your area, how many people are involved, and how best to respond.

This Kit provides important facts about the scope of heroin use in the United States and a brief explanation of some of the most popular treatment options. If adequate local treatment does not exist in your city or town, you can use the facts presented to help take a leadership role to make the case for expanding services. In addition, you can use the facts to advocate for better local, state, and national policies. We also share some of the research compiled by the Community Epidemiology Working Group. Sponsored by National Institute on Drug Abuse, the CEWG has been tracking drug use over the past 20 years in 20 U.S. cities. As many as 12 of these cities have seen a recent increase in indicators of heroin use, sparking the need for local groups to take action. If your community is not one of the 20 being tracked by the CEWG, we have provided some ways to evaluate your local problems. Finally, the resource section of the kit will help you think more broadly about new linkages you can build with other groups to work together on this problem.

Please redistribute the information in this publication through your website and organization's printed material. We also encourage you to visit Join Together Online at http://www.jointogether.org for more information about community efforts to reduce heroin, other drug and alcohol use. Or, call Join Together at (617) 437-1500.

Some other names for heroin:

"smack"	**"junk"**	**"horse"**
"skag"	**"H"**	**"China white"**
"boy"	**"Dugi"**	**"dope"**

* * *

FACTS

Here are some things you should know about heroin use. Supplement this information with local data and share this with parents, teachers, law enforcement, business leaders, clergy, your local media, policymakers and other organizations. By taking a leadership role to educate others about the scope of the problem, you will also have the opportunity to build linkages with other organizations.

- Heroin use has been on the rise in the United States since 1992. The estimated number of heroin users in one month increased from 68,000 (less than 0.1 percent of the population) in 1993 to 325,000 (0.2 percent of the population) in 1997 (1997 National Household Survey on Drug Abuse).

- There has been an increasing trend in ***new*** heroin use since 1992. A large proportion of these recent new users were smoking, snorting, or sniffing heroin, and most were under age 26 (SAMHSA/US Dept. of Health and Human Services).

- In 1996, an estimated 171,000 persons used heroin for the first time. **The estimated number of new users and the rate of initiation for youth were at the highest levels in 30 years** (1997 National Household Survey on Drug Abuse).

- The amount of pure heroin contained in a $100 purchase has increased on an average of 3-fold between 1988 and 1995. For example, $100 would buy 318 mg of heroin in New York in 1995, an increase of 200 percent over the amount that could be purchased in 1998 for the same amount of real dollars (Report published in the May, 1999, issue of the *American Journal of Public Health*).

- Heroin use by twelfth graders increased by more than 100 percent from 1990 to 1997 – from 0.90 to 2.1 percent (The 1997 Monitoring the Future Study).

- Between the first half of 1988 and the first half of 1997, emergency department visits where heroin was involved increased 99 percent from 18,100 to 36,000 mentions (1997 Drug Abuse Warning Network Survey).

- In 1980, the average potency for street-grade heroin was 4 percent pure heroin. In 1996, the national average was 35 percent pure heroin, with reported levels of as much as 98 percent (National Institute on Drug Abuse).

- Injection-drug users now have the highest rates of new HIV infection, nearly twice that of gay men. And fluctuations in street purity raise the risk of overdose (*Newsweek* August 26, 1996).

- Needle exchange programs could have prevented nearly 10,000 HIV infections among injecting drug users, their sex partners and their children in the United States since 1987 (A University of California San Francisco study published in the March 1, 1999, issue of the medical journal, *The Lancet*.).

" Heroin is easier to get than alcohol. The liquor stores and bars eventually close but the heroin stores are open 24 hours a day."

Person enrolled in a treatment program.

* * *

TYPES OF TREATMENT FOR HEROIN ADDICTION

A variety of effective treatments are available for heroin addiction. Treatment tends to be more effective when heroin use is identified early. The treatments vary depending on the individual, but methadone, a synthetic opiate that blocks the effects of heroin and eliminates withdrawal symptoms, has a proven record of success for people addicted to heroin. Other pharmaceutical approaches, like LAAM (levo-alpha-acetyl-methadol), and many behavioral therapies also are used for treating heroin addiction. The following description of some of the most common approaches for treating heroin addiction come directly from NIDA's Research Report Series on heroin use.

Detoxification
The primary objective of detoxification is to relieve withdrawal symptoms while patients adjust to a drug-free state. Not in itself a treatment for addiction, detoxification is a useful step only when it leads into long-term treatment that is either drug-free (residential or outpatient) or uses medications as part of the treatment. The best documented drug-free treatments are the therapeutic community residential programs lasting at least 3 to 6 months.

Methadone programs
Methadone treatment has been used effectively and safely to treat opioid addiction for more than 30 years. The programs use methadone as a substitute for heroin. Properly prescribed, methadone is not intoxicating or sedating, and its effects do not interfere with ordinary activities such as driving a car. The medication is taken orally and it suppresses narcotic withdrawal for 24 to 36 hours. Patients are able to perceive pain and have emotional reactions. Most important, methadone relieves the craving associated with heroin addiction; craving is a major reason for relapse. Among methadone patients, it has

been found that normal street doses of heroin are ineffective at producing euphoria, thus making the use of heroin more easily extinguishable.

Methadone's effects last for about 24 hours - four to six times as long as those of heroin - so people in treatment need to take it only once a day. Also, methadone is medically safe even when used continuously for 10 years or more. Combined with behavioral therapies or counseling and other supportive services, methadone enables patients to stop using heroin (and other opiates) and return to more stable and productive lives.

LAAM and other medications

LAAM, like methadone, is a synthetic opiate that can be used to treat heroin addiction. LAAM can block the effects of heroin for up to 72 hours with minimal side effects when taken orally. In 1993 the Food and Drug Administration approved the use of LAAM for treating patients addicted to heroin. Its long duration of action permits dosing just three times per week, thereby eliminating the need for daily dosing and take-home doses for weekends. LAAM will be increasingly available in clinics that already dispense methadone.

Naloxone and Naltrexone are medications that also block the effects of morphine, heroin, and other opiates. As antagonists, they are especially useful as antidotes. Naltrexone has long-lasting effects, ranging from 1 to 3 days, depending on the dose. Naltrexone blocks the pleasurable effects of heroin and is useful in treating some highly motivated individuals. Naltrexone has also been found to be successful in preventing relapse by former opiate addicts released from prison on probation.

Behavioral therapies

Although behavioral and pharmacologic treatments can be extremely useful when employed alone, science has taught us that integrating both types of treatments will ultimately be the most effective approach. There are many effective behavioral treatments available for heroin addiction. These can include residential and outpatient approaches. An important task is to match the best treatment approach to meet the particular needs of the patient. Moreover, several new behavioral therapies, such as contingency management therapy and cognitive-behavioral interventions, show particular promise as treatments for heroin addiction. Contingency management therapy uses a voucher-based system, where patients earn "points" based on negative drug tests, which they can exchange for items that encourage healthy living. Cognitive-behavioral interventions are designed to help modify the patient's thinking, expectancies, and behaviors and to increase skills in coping with various life stressors. Both behavioral and pharmacological treatments help to restore a degree of normalcy to brain function and behavior.

(For more information about the scientific aspects of heroin use and treatment methodologies, see NIDA's report on heroin on their website at http://www.nida.nih.gov/ ***.)***

* * *

It is important to note that most communities need an array of treatment methods to meet the needs of addicts, especially since most addicts abuse more than one drug, as well as alcohol, at the same time.

It is also necessary to mention that there are a lot of disagreements about the various treatment methods that exist. For instance, there are often controversies among treatment providers about the "best" modes of treatment. These disputes are sometimes rooted in philosophical differences about treatment. Some people believe that methadone and other pharmaceuticals just substitute one drug for another. Sometimes conflicts emerge as the result of competitive resources or funds from public and managed care programs. In other cases, there may be controversy about siting programs in residential parts of town.

Community leaders who are trying to expand treatment in their city or town must take the time to get to the roots of these and other controversies, so that they can be successful in overcoming them and ensuring help is available for all who need it.

* * *

NEEDLE EXCHANGE PROGRAMS

Heroin addicts who inject the drug often share needles and preparation kits. When they do, they run the risk of spreading HIV/AIDS. Similarly, some heroin addicts sell or trade sex to get money or heroin, and thus contract or spread HIV/AIDS. In fact, intravenous drug use is now the major cause of new AIDS cases in the United States. In response to this problem, more than 100 programs to get sterile needles and kits to addicts have now emerged in communities throughout the United States. Similar programs also operate throughout Europe. Research has shown that these programs are effective in helping to slow the spread of AIDS and can also help get some addicts to accept treatment.

Despite their success, however, programs like needle exchanges, which focus on reducing harmful consequences of heroin use as a step toward moving people into treatment, are often controversial. Proponents point to their success, while opponents argue that these approaches ignore the illegal acts of drug sale and possession and have the effect of enabling addicts to continue their dangerous behavior.

In the midst of the ongoing debate, the Centers for Disease Control has conducted research that supports the effectiveness of needle exchanges. Nevertheless, the President and Congress have supported bans on the use of federal funds to pay for the operation of these programs.

A majority of community leaders support needle exchange programs. In the most recent Join Together national survey, two thirds of respondents said they support (43 percent) or strongly support (21 percent) needle exchange programs for intravenous drug users. More than one third said they oppose (24 percent) or strongly oppose (12 percent) such initiatives.

Model Needle Exchange Program in Detroit

An informal needle exchange program that started on a street corner in Detroit three years ago has today grown into a widescale project helping to prevent the spread of HIV/AIDS. The needle exchange program, run by Life Points Harm Reduction Outreach Program, received its first license to operate in 1996. The program is the result of an 18-month campaign conducted by local service providers, the Michigan AIDS Fund and the Detroit Health Department to legalize needle exchange in the city. Today, Life Points has over 1,000 registered participants, has exchanged more than 110,000 syringes and has referred more than 20 percent of Life Points' clients to drug treatment and other health and social services. Life Points has been recognized as an effective model for preventing HIV among drug injectors by the Congressional Black Caucus of the United State Congress, the Presidential Advisory Council on HIV/AIDS, and the Centers for Disease Control and Prevention. For more information, contact: Cindy Bolden or Harry Simpson at (313) 872-2424 or send email to cbolden111@aol.com or harry1081@aol.com.

* * *

LOCAL LEADERS' VIEWS ON HEROIN USE

Much attention lately has focused on the rise in heroin use and on the various treatment methods available in communities. In an effort to sort out some of the debate, Join Together posted a call for views on its email discussion group, "subabuse." We asked local leaders to share their personal views on the problems in their communities, and the lessons they have learned as they grapple with this issue. You, too, can subscribe to subabuse and participate in future email discussions on a wide range of topics by sending a message to info@jointogether.org. Here is a sampling of what people said:

Carol Shapiro
Project Director
La Bodega de la Familia
Lower East Side, NY, NY

"The problem of heroin is pervasive in this corner of the Lower East Side by residents. Of the 200 families that La Bodega de la Familia has served to date, 70 percent report multigenerational substance abuse histories. We are working in partnership with precinct and public housing police, probation, parole, and community-based organizations to insure access to a wide variety of treatment and support services for the entire FAMILY. We also have a great needle exchange program in the Lower East Side and this was a factor in our locating this family innovation in this neighborhood."

Harry Montoya
President and CEO Hands Across Cultures
Espanola, NM

"Hands Across Cultures is actively working on addressing the heroin problem here in northern Santa Fe County and southern Rio Arriba County as well. The extent of the problem here is that we are the worst in the nation for drug- related deaths, so it is an epidemic situation right now. We have been meeting as part of a coalition called La Vision del Valle to address the problem. The hospital, law enforcement, judges, schools, other community based organizations and individuals have been coming to develop a strategic plan in order to address the problem. Personally, I do not believe needle exchange programs are effective. They are a temporary solution to a much larger and long-term problem. But such programs do exist in Espanola, New Mexico, where unfortunately, it is done very inconspicuously. This is not a program which is very well accepted in our community, thus the need to do it 'underground.' "

Tony Scro
Cofounder of ABATE
(Advocates for the Betterment of Addiction Treatment and Education)
New York City
New York State Office of Alcohol and Substance Abuse Services

"As a government representative with the New York State Office of Alcohol and Substance Abuse Services, I am supporting the expansion of methadone maintenance through the development of innovative models such as Differential Comprehensive Treatment Outcome (DCTO). The DCTO supports the creation of individualized tracks in MMTP such as "short term, mid term and long term maintenance." This allows for programs to assess a user's needs and place him/her in an appropriate track. By doing this we may be able to service more people by individualizing their treatment and their length of stay. . . . we are involved in community education about the dangers of heroin use to individuals and families."

Malcolm D.

"I helped found a national organization to educate the public and the medical community about the efficacy of Opiate Agonist Treatment (a form of treatment for heroin and other opiate addictions that substitutes a regulated pharmaceutical, such as methadone, in place of the illegal drug). The facts are overwhelmingly in favor of this treatment modality. While I would not use it as a first step to end opiate/heroin abuse, in many patients it is very much indicated as the treatment of choice. I feel strongly that education can end the fear and stigma that Agonist Treatment currently struggles under, not to mention open it up to thousands that are in need of it but will not avail themselves due to that stigma."

Charles Collins
School of Public Health
University of Alabama at Birmingham

"The studies conducted by the CDC, the OMB, and the Institute of Medicine have all conclusively determined that Needle Exchange Programs are the most efficacious and cost-effective method of HIV prevention. The two studies that had trouble with needle exchange, the Toronto study and the McGuire study of Chicago's needle exchange, found that the people on needle exchange used more drugs than did drug users who were not on needle exchange. This is not a criticism of needle exchange, it just means that needle exchange is reaching the most risky target population."

Anonymous
Fayetteville, AR

"I believe that harm reduction is probably the most effective way to deal with the substance abuse problem in our society today. The only effective way to deal with addiction is going to involve meeting the addicts from their own frame of reference. Although it would be nice if abstinence based approaches would work, I believe that it is naive to believe that all addicts are going to respond favorably immediately. If we can use harm reduction techniques including needle exchange to help keep them alive, maybe they will be as fortunate as I feel today and find something that will work for them. Although I am affiliated with no organized group, I feel that fighting my own active heroin addiction for 20 years with almost every treatment modality known to man (and woman), does provide a legitimate view of the problem in my area."

TELL US YOUR VIEWS!

Is heroin use a problem in your community? If so, how is your community responding? Join Together wants to know! Fill out the faxback enclosed and return it to us or respond online at http://www.jointogether.org**.**

* * *

THE COMMUNITY EPIDEMIOLOGY WORKING GROUP

The Community Epidemiology Working Group, sponsored by NIDA, assesses current drug trends and patterns in 20 metropolitan areas across the United States and reports its findings. The data it uses comes from city and state-specific data gathered from a variety of health and other drug abuse indicator sources, including public health agencies, medical and treatment facilities, criminal justice and correctional offices, law enforcement agencies, surveys and other local sources unique to specific communities. In the most recent reporting period (1997–1998), heroin indicators continued to increase in 12 CEWG cities. In some cities, heroin use indicators have been trending upwards for more than three years.

In Chicago, heroin indicators have been increasing for the past five years. Emergency department mentions in Chicago increased by 47 percent from July 1995–1996 to July 1996–1997. Heroin indicators also continued to rise in Boston, Miami, and Washington, DC. Heroin emergency department mentions have increased steadily in Washington, DC, from 1,261 in 1994 to 1,535 in 1996 and 835 in the first half of 1998. Miami reported the sharpest increase (63 percent) in heroin emergency department mentions in the last 1-year reporting period (July 1995– June 1996 to July 1996–June 1997).

Heroin indicators remained relatively stable in seven other CEWG sites, including three East Coast cities that had high rates of emergency department mentions (per 100,000) in the first half of 1997— Baltimore (358), Newark (307), and New York City (136). In Baltimore, 45 percent of the 1997 treatment admissions reported heroin as their primary drug of abuse. In San Francisco, heroin indicators were mixed. Some, like emergency department mentions, declined while others remained stable (heroin-related arrests) or increased (medical examiner mentions).

CEWG Cities

Atlanta, GA	**New Orleans, LA**
Austin, TX	**New York, NY**
Baltimore, MD	**Philadelphia, PA**
Boston, MA	**San Diego, CA**
Chicago, IL	**San Francisco, CA**
Denver, CO	**Seattle, WA**
Honolulu, HI	**St. Louis, MO**
Lansing, MI	**St. Paul, MN**
Los Angeles, CA	**Tempe, AZ**
Miami, FL	**Trenton, NJ**

For more information about the CEWG or to find out the local contact person for each city, visit http://www.cdmgroup.com/cewg/ .

What You Can Do:

If your community is not one of the 20 followed by the CEWG, you can form your own community epidemiology working group to gather data to assess local heroin, other drug, and alcohol trends. There are two user-friendly guides available to help you get started. Join Together produces "How Do We Know We Are Making a Difference," which is a community-based guide of local indicators to follow over time. Call (617) 437-1500 to order a free copy, or send an email to info@jointogether.org. NIDA also has a new publication to help communities assess local problems, which is called "Assessing Drug Abuse Within and Across Communities." To request a free copy, call 1-800-729-6686. The information contained in these books can help you better understand local problems and develop comprehensive solutions in conjunction with other groups.

Ideas for Action

Once you have gathered the facts about the local heroin, other drugs and alcohol problems:

1.) Create a structure for reporting this information regularly.
2.) Educate policy makers and the public.
3.) Develop a plan for creating a strategy and/or programs to meet local needs.
4.) Track changes over time to monitor successes and make changes in your strategy as needed.

Types of Data You Can Find in Your Community:

- ***Drug and alcohol-related deaths*** reported by the medical examiner, coroner offices or state public health agencies.
- ***Emergency room visits*** related to drug and alcohol abuse. (Check the results of the Drug Abuse Warning Network survey data if your community is included. Otherwise, check with local hospitals yourself. Be sure to look at changes over time.)
- ***Admissions to local treatment programs***, types of programs that exist and number of people on waiting lists to get into treatment. Are there any primary substances of abuse for which people in your area seek help? Have there been any notable changes in admission trends over the past few years? How does the treatment capacity meet the demand that exists locally? Is there a long waiting list? Have their been increases or decreases in the number of HIV/AIDS cases reported, and if so, what is the relationship to drug abuse?
- ***Local criminal justice data***. What trends are your local police and judges seeing in drug and alcohol-related arrests and court cases? Have there been any changes in the purity of drug seized? Are distribution patterns of certain drugs changing? In addition to local law enforcement, you also check with the National Institute of Justice Arrestee Drug Abuse Monitoring System (formerly the Drug Use Forecasting Program) to find out the results of arrestee urinalysis tests and with the DEA.

* * *

RESOURCES

There are numerous resources that can provide information about heroin use. Below is a sampling. Contact them to learn more about this problem.

Join Together Online
Join Together
441 Stuart Street, Seventh Floor
Boston, MA 02116
(617) 437-1500
http://www.jointogether.org
Join Together's award-winning website, Join Together Online, provides a wealth of information about heroin, other drugs and alcohol abuse. You can find the latest facts, research findings, and news about substance abuse. Learn about communitywide efforts taking place all across the country. Use the online database to find out who in your community is working on similar issues.

NCADI
P.O. Box 2345
Rockville, MD 20847-2345
1-800-729-6686
http://www.health.org
The National Clearinghouse for Alcohol and Drug Information (NCADI) provides timely research findings and statistics about heroin and other drug abuse. On NCADI's website, you can find the latest DAWN data, Monitoring the Future Study and the National Household Survey, as well as other research studies measuring drug use and identifying important patterns and trends.

NIDA
6001 Executive Boulevard
Bethesda, MD 20892
1-888-644-6432
http://www.nida.nih.gov
The National Institute of Drug Abuse support scientific research on how to prevent and treat drug abuse. All of the findings are translated into easily-understood terms to make them accessible to the general public. You can find an online research report on heroin abuse and addiction. This in-depth document examines the effects of using the drug, and also explains in detail the various treatment options that exist. In addition, there is a helpful NIDA Infofax online about heroin that gives a brief overview of the health hazards involved with heroin use and looks at the scope of the problem today.

The Lindesmith Center
400 West 59th Street
New York, NY 10019
(212) 548-0695
http://www.lindesmith.org/
The Lindesmith Center is a drug policy research center that provides information on issues related to drug use and treatment options. It operates based on the principals of harm reduction. Its

website features a searchable database of thousands of documents focusing on drug policy from economic, criminal justice, and public health perspectives.

National Alliance of Methadone Advocates (NAMA)
435 Second Avenue
New York, NY, 10010
(212) 595-NAMA (6262)
http://www.methadone.org
NAMA is an advocacy organization made up of methadone patients, professionals, families, community people and policy makers. It works to educate the public about the effectiveness of methadone treatment and to help make this form of treatment available for all who need it. NAMA's website contains a very comprehensive explanation of how methadone maintenance originated and how it works. Also online you can find the latest news and policy developments around this controversial treatment.

Detroit Organizational Needs in Treatment (DONT)
P.O. Box 164
Davison, MI 48425-0164
(810) 658-9064
http://www.tir.com/~yourtype/
Detroit Organizational Needs in Treatment is a local methadone advocacy group that has a wealth of information that can also be helpful to people in other states. The organization runs a website that provides information about methadone clinics all around the United States and also throughout the world. Also online you can find the latest federal regulations in regard to methadone treatment, and find out who regulates methadone in your state.

The North American Syringe Exchange Network
http://www.nasen.org
This organization is dedicated to the creation, expansion and continued existence of syringe exchange programs as a proven method of stopping the transmission of blood borne pathogens, especially HIV, in the injecting drug using community. Its website contains information about HIV/AIDS and about policy developments related to needle exchange programs. Also online you can find links to needle exchange programs located throughout the United States, as well as in other countries.

The Phoenix House Foundation
http://www.phoenixhouse.org
Phoenix House is the nation's leading non-profit drug abuse service organization, providing treatment for more than 3,000 adults and adolescents. A pioneer in the development of modern drug abuse treatment, Phoenix House was the among the first to adopt self-help methods that make the individual the focus of treatment and address the underlying causes of drug abuse. Phoenix House has treated more than 70,000 people since its creation in 1967.

TELL US YOUR VIEWS!

Is heroin use a problem in your community? If so, how is your community responding? Join Together wants to know! Fill out the information below and fax it back to: (617) 437-9394 or respond online at http://www.jointogether.org

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

In the past two years, has heroin use in your community:

_____ Increased _____ Stayed the Same
_____ Decreased _____ Don't Know

What types of measures do you use to determine the extent of the problem?
(Check all that apply)

____ Local surveys ____ Hospital ER record
____ Enrollment in treatment programs ____ Police reports
____ Social service records ____ Drug-related deaths
____ Media coverage ____ Word of mouth
____ Other (please explain) _____

If local heroin use has increased recently, how is your community responding:
(Check all that apply)

____ Public awareness campaigns ____ Working w/ new groups
____ Educating public officials ____ Expanding treatment availability
____ Enforcing tougher drug laws ____ Educating youth
____ Other (please explain) _____

Is there adequate treatment in your community for heroin addiction?

_____ Yes _____ No

Which of the following options exist in your community:

___ Methadone maintenance programs ___ Needle exchange programs

What are your views on the treatment methods listed above? _____
_____
_____
_____